TATEMEN ND PLAN (T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULTIF	PLE CONSTRUCTION	(X3) DA	<u>D. 0938-0:</u> TE SURVEY MPLETED
NAME OF	PROVIDER OR SUPPLIER	445141	B. WING	STORET ADDRESS OF STATE TIP OO		<u>6/24/2</u> 014
	EY HEALTH CARE & F		- 1	STREET ADDRESS, CITY, STATE, ZIP CO 2910 PEERLESS RD CLEVELAND, TN 37312	DE	
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F 000	 INITIAL COMMEN	TS	F 000	This Plan of Correction constitution written allegation of compliant	utes our ce.	
	complaint survey # conducted on June were cited in relation deficiencies were counder 42 CFR PAR	recertification survey and 32965, #32542, #33171, 22-24, 2014, no deficiencies on to the complaint. Related ited for complaint #33417, T 482.13, Requirements for		"This Plan of Correction is subrrequired under Federal and Staregulations and statues applicationg term care providers. This Correction does not constitute	mitted as ate able to Plan of	
F 323 SS=D	HAZARDS/SUPER The facility must en environment remair as is possible; and	F ACCIDENT VISION/DEVICES sure that the resident as as free of accident hazards each resident receives on and assistance devices to	F 323	admission of liability on the pa facility, and such liability is her specifically denied. The submis this Plan does not constitute a by the facility that the surveyor findings or conclusions are acceptable the that the findings constitute a dor that the scope of severity re any of the deficiencies cited an	eby, sion of greement r's urate, eficiency, garding	
	by: Based on medical rinvestigation, and in provide supervision ensuring safety devicorrectly applied for from forty-six sampl	record review, review of fall terview, the facility failed to to prevent accidents by ices were in place and one (#2) of two residents, ed residents reviewed.		reviewed for appropriations. Resident #2 care plan with reviewed for appropriations. Resident assessed for proper planard functionality of care	vas ete fall t was ecement	11ાકી
	September 26, 2012 Alzheimer's Disease Chronic pain, Legal General Osteoarthri Hypertension, Osteo Weakness.	mitted to the facility on 2 with a diagnosis including e, Parkinson's Disease, Blindness, History of Fall, tis, Nutritional Anemia, pporosis, and Muscle		planned interventions. 2. Conduct an audit of reswith personal and bed to ensure proper place and functionality. All poand bed alarms were for	alarms ment ersonal	
JRAFORY	DIRECTOR'S OR PROVIDE	PR/SUPPLIER REPRESENTATIVE'S SIGN.	ATURE -	TITLE	1-1	(X6) DATE
deficiency	Statement and in with	and co	Cha-	on may be excused from correcting pre	//5//	· -

FORM CMS-2567(02-99) Previous Versions Obsolete

program participation.

Event ID: 291111

Facility ID: TN0601

If continuation sheet Page 1 of 18

STATEMENT OF DEFICIENCIES (X1) PROV. AND PLAN OF CORRECTION IDENT		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
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	(MDS) Quarterly As revealed that the re for Mental Status (E cognitive impairmer with bed mobility an wheelchair; required dressing, transfers a range of motion to be Medical record reviedated July 6, 2013, assessed as being a interventions including alarm, nonskid sock of Medical record reviedated fall investigatation of the resident sustained with no injury on July Continued review repersonal alarm was Further review reveattempted on the resident sustained with a confirmed the resident sustained with no injury on July Continued review repersonal alarm was Further review reveattempted on the residence on the residence of the residence of the soft of the confirmed the soft be applied. Medical record review Medical record review Medical record review Medical record review of the soft be applied.	ew of Minimum Data Set sessment dated April 1, 2014, sident had a Brief Interview BIMS) score of 10 (moderate at), required limited assistance of locomotion on unit once in dextensive assistance for and toilet use; and had limited dilateral lower extremities. Ew of the resident's care plan revealed the resident was at risk of falls with a mg " bed alarm, personal as and call light within reach Ew and review of the facility's ated July 31, 2013, revealed at a fall from the wheelchair of 31, 2013, at 3:50 p.m. Evealed no documentation the in place and in working order. Eled a soft belt was being	F3	be in working order properly placed. Control audit of residents belts for proper placed. 3. Scheduled safety of documentation in record, for proper and functionality in lincident investigate documentation to status of existing in at time of the new Staff educated by Nursing, and Staff Coordinator on ho complete and documentation to status of prior interior investigations will status of prior interior include placement functionality at time 4. Random audits of the DON, ADON and staff DON, ADON and sta	er, and conduct an with soft acement. All and to be checks, with health placement include interventions incident. Director of Development w to ament safety arses tor of Development include rventions to and include rventions to and incident.		
		ed August 2, 2013, revealed					

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	IPLE CONS	(X3) DATE SURVEY COMPLETED			
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F 323 F 371 SS=F	the bed on August 2 Continued review rebed alarm was on a Interview with Assis (ADON) on June 24 Administrator's office documentation the 1 working order at the 483.35(i) FOOD PR STORE/PREPARE/ The facility must - (1) Procure food froconsidered satisfact authorities; and	evealed no documentation the evealed no documentation the end in working order. Itant Director of Nursing et at 20 p.m., in the et confirmed there was no oed alarm was on and in etime of the fall. OCURE, SERVE - SANITARY In sources approved or early by Federal, State or local distribute and serve food	F 32		Managers weekly for 4 week then monthly for 4 months to ensure proper placement, functionality, and appropriated documentation of compliance in the medical record. The Quality Assurance focus committee which includes but not limited to the DON, Med Director, Administrator, Rehabited and review the personal alarm bed alarm and soft belt audit to ensure compliance of devi placement, functionality and documentation. A root cause analysis will be completed for	o te te te ical ab et m, ts ices	
	by: Based on observation failed to ensure proportion with the 2014, at 10:00 a.m., three compartment is build-up around the icompartment freezer temperature with the Certified Die	T is not met as evidenced on and interview, the facility er food storage procedures. d: day shift cook on June 22, in the kitchen, revealed the ce cream freezer had ice nner opening of the first Observation revealed the was 0 degrees. Interview tary Manager (CDM) on 25 a.m., confirmed the first		F371	any noncompliance discovered A performance improvement plan will be created and presented in the Quality Assurance Performance Improvement meeting. The three compartment ice cream freezer has been defrosted and a new lid installed. We have installed a new gasket on the walk in		7/15/14

STATEMEN AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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BRADLEY HEALTH CARE & REHAB (X4) ID SUMMARY STATEMENT OF DEFICIENCIES		TEMENT OF DEFICIENCIES	ID	29	TREET ADDRESS, CITY, STATE, ZIP CODE 910 PEERLESS RD LEVELAND, TN 37312 PROVIDER'S PLAN OF CORRECTIO		
PREFIX TAG	! (EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP) RE	(X5) COMPLETION DATE
F 514 SS=D	Observation and into 22, 2014, at 10:05 at the walk in freezer of sealing properly. Further sealing properly. Further observation freezer revealed one and not dated, and tilima beans, open an revealed the walk in degrees. Interview with degrees. Interview with dried beans and and not dated. Observation of the disparation of the dispa	erview with the cook on June a.m., in the kitchen, revealed loor gasket was loose and not rther observation revealed yl barrier curtain at entrance ong with ice on the floor. ook at that time confirmed the se and door was not then closed. with the cook, of the walk in e-fourth bag frozen okra, open three-fourths bag of frozen d not dated. Observation freezer temperature was 0 with the cook, on June 22, confirmed the open bags of beans were open and ry food storage revealed ½ yy open and not dated, along potato chips that were open yiew with the cook, in the dry n June 22, 2014, at 10:22 open bags of dried foods ed. ETE/ACCURATE/ACCESSIB Intain clinical records on each the with accepted professional	F 51		freezer door. The okra and the lima beans that were open a undated have been discarded. The biscuit gravy, dried bear and potato chips that were open and undated have been discarded. 2. The facility has determined the all residents who consume for by mouth have the potential be affected. 3. Dietary staff will observe the cream freezer and the walk in freezer daily for possible ice build-up and notify dietary management of the need to defrost. Dietary staff will observe daily in the walk in freezer and the dried storage for open and undated food a report to dietary management On June 23, July 7, and July 1 staff were in-serviced on the proper way to seal, date, and label food in the walk in freezer and dried storage. Twice pe week an assigned dietary aid will monitor for adherence to proper sealing, dating, and labeling of food in freezer and dried storage and report any deviation to dietary management.	ind ind. ins, in that bood ito ice in ind int. 0	

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Ì	PROVIDER OR SUPPLIER Y HEALTH CARE & R	EHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 2910 PEERLESS RD CLEVELAND, TN 37312	7 00/24/2014
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC	ULD BE COMPLETION
	information to identicate resident's assessment of services provided; the preadmission scree and progress notes. This REQUIREMENT by: Based on medical rethe facility failed to note of the admiresidents (#6, #91, #0 forty-six residents) The findings included the facility failed to note of the admiresidents (#6, #91, #0 forty-six residents) The findings included the find	nust contain sufficient fy the resident; a record of the ents; the plan of care and ne results of any ning conducted by the State; T is not met as evidenced ecord review and interview, naintain accurate medical nistration of narcotics for six 100, #115, #121 and #186) reviewed. nitted to the facility on May 1, s including Vascular act Infection, Senile int Replacement, and filure. v of the Controlled dated January 2, 2014, of Hydrocodone-APAP medication) was signed out ne dates of January 2, 3, 5, 14, by Licensed Practical	F 51	4. The dietary manager or	dure red at g until stantial additional red for 115, lucted cord . 115, the . 5 was
F .	evealed no documer fydrocodone-APAP v	d (MAR) for January 2014, station the vas administered on the 5, 6, 7, 8, 9, and 10, 2014.		controlled medications an	

TAG REGULATORY OR LSC IDENTIFYING INCOMMENTAL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPL	/EY D
MAME OF PROVIDER OR SUPPLIER BRADLEY HEALTH CARE & REHAB (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 514 Continued From page 5 Medical record review of the Controlled Substances Record dated January 13, 2014, revealed eight doses of Hydrocodone-APAP 5-325 was signed out as administered by LPN #5. Medical record review of the Controlled Substances Record dated February 2, 2014, revealed eight doses of Hydrocodone-APAP 5-325 was signed out as administered by LPN #5. Medical record review of the Controlled Substances Record dated February 2, 2014, revealed eight doses of Hydrocodone-APAP 5-325 was signed out as administered to resident in the Hydrocodone having been administered by LPN #5. Medical record review of the Controlled Substances Record dated February 2, 2014, revealed eight doses of Hydrocodone-APAP 5-325 was signed out as administered to resident in the Hydrocodone having been administered by LPN #5. Medical record review of the Controlled Substances Record dated February 2, 2014, revealed eight doses of Hydrocodone-APAP 5-325 was signed out as administered to resident in res	
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Medical record review of the Controlled Substances Record dated January 13, 2014, revealed eight doses of Hydrocodone-APAP 5-325 was signed out as administered for resident #6 on the dates of January 13, 14, 15, 16, 17, 20, 21, and 27, 2014, by LPN #5. Medical record review of the MAR for January 2014, revealed no documentation on the MAR for the dates of January 13, 14, 15, 16, 17, 20, 2014, of the Hydrocodone having been administered by LPN #5. Medical record review of the Controlled Substances Record dated February 2, 2014, revealed eight doses of Hydrocodone-APAP 5-325 was signed out as administered to resident F 514 Substances Records against the corresponding Medication Administration Record to ensure proper documentation of medications administered. Pain assessments reviewed for any resident with documentation discrepancies to ensure appropriate pain control. Licensed Staff with documentation discrepancies, educated on proper narcotic documentation. 3. Licensed Nurses conduct a	X5) LETION ATE
the end of their shift, both nurses will verify that narcotics given during the prior shift have been documentation the Hydrocodone was administered on the dates of February 6, 7, 10, and 13, 2014. Further review of the MAR revealed there was documentation of administration of the Hydrocodone by LPN #5 on February 3, 4, and 14, 2014, but there was no documentation of signing the medication out on the Controlled Substances Record. Medical record review of the Controlled Substances Record dated February 17, 2014, revealed Hydrocodone-APAP 5-325 was signed out as administered to resident #6 on the dates of February 17, and 21, 2014, by LPN #5. Medical record review of the MAR for February 2014, revealed no documentation the Hydrocodone was administered on the dates of February 2014, revealed no documentation the Hydrocodone was administered on the dates of February 2014, revealed no documentation the Hydrocodone was administered on the dates of February 2014, revealed no documentation the Hydrocodone was administered on the dates of February 2014, revealed no documentation the Hydrocodone was administered on the dates of February 2014, revealed no documentation the Hydrocodone was administered on the dates of February 2014, revealed no documentation the Hydrocodone was administered on the dates of February 2014, revealed no documentation the Hydrocodone was administered on the dates of February 2014, revealed no documentation the Hydrocodone was administered on the dates of February 2014, revealed no documentation the Hydrocodone was administered on the dates of February 2014, revealed no documentation the Hydrocodone was administered on the dates of February 2014, revealed no documentation the Hydrocodone was administered on the dates of February 2014, revealed no documentation the Hydrocodone was administered on the dates of February 2014, revealed no documentation the Hydrocodone was administered on the dates of February 2014, revealed no documentation the Hydrocodone was administered to review of the MAR for	

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of the Controlled ted February 26, 2014, APAP 5-325 was signed March 6, 2014, by LPN of the MAR for March Internation on the MAR for 14, of the Hydrocodone red by LPN #5. The Controlled ted March 7, 2014, lydrocodone-APAP 5-325 inistered on the dates of and 14, 2014, by LPN #5. Of the MAR for March Internation the medication sident #6 on March 7, and 14, 2014, by LPN #5. The Controlled red March 25, 2014, APAP 5-325 was signed the date of March 31, and 14, 2014, and 15, and 16, and 17, and the Controlled red March 25, 2014, and 16, and 17, and the Controlled red March 31, and the Controlled red April 14, 2014, and 14, 2014, and 15, and 14, 2014, and 14, 2014, and 14, 2014, and 15, and 14, 2014, and 15, and 15, and 16, and 16	F 51	Director of Nursing, Clinical Managers, and Staff Development Coordinator. 4. Random audits of the narco change over signature sheet ensure implementation of the narcotic count procedure will review of the Controlled Substance Record compared the Medication Administratic Record will be conducted by Director of Nursing, Assistant Director of Nursing, and Clin Nurse Managers weekly for weeks, then monthly for 4 months, to ensure compliant The Quality Assurance focus committee which includes be not limited to the Director, Administrator, Rehab Director, Administrator, Rehab Director, Assistant Director of Nursing Clinical Managers, Charge Nurses, Certified Nursing Assistants, and Social Service	tic es to ne on the it ical 4 ce. ut f	
The contract of the contract o	AB ENT OF DEFICIENCIES ST BE PRECEDED BY FULL DENTIFYING INFORMATION) 6 014. of the Controlled ted February 26, 2014, APAP 5-325 was signed March 6, 2014, by LPN of the MAR for March mentation on the MAR for 14, of the Hydrocodone red by LPN #5. of the Controlled ted March 7, 2014, lydrocodone-APAP 5-325 inistered on the dates of and 14, 2014, by LPN #5. of the MAR for March mentation the medication sident #6 on March 7, f the Controlled red March 25, 2014, APAP 5-325 was signed the date of March 31, of the MAR for March mentation the medication ident #6 on March 31, of the Controlled red March 25, 2014, APAP 5-325 was signed the date of March 31, of the Controlled red April 14, 2014, APAP 5-325 was signed the Controlled red April 14, 2014, APAP 5-325 was signed the Controlled red April 14, 2014, APAP 5-325 was signed	AB IENT OF DEFICIENCIES ST BE PRECEDED BY FULL DENTIFYING INFORMATION) 6 PREFIX TAG 6 O14. Of the Controlled ted February 26, 2014, -APAP 5-325 was signed March 6, 2014, by LPN Of the MAR for March Immentation on the MAR for 14, of the Hydrocodone red by LPN #5. Of the Controlled ted March 7, 2014, lydrocodone-APAP 5-325 inistered on the dates of and 14, 2014, by LPN #5. Of the MAR for March Instruction on the medication ident #6 on March 7, If the Controlled ted March 25, 2014, APAP 5-325 was signed the date of March 31, If the MAR for March Instruction the medication ident #6 on March 31, If the Controlled ted March 25, 2014, APAP 5-325 was signed the date of March 31, If the Controlled The MAR for March Instruction the medication Instruction the medicat	ABUILDING ABUILDING ABUILDING STREET ADDRESS, CITY, STATE, ZIP CODE 2910 PERRLESS RD CLEVELAND, TN 37312 PROVIDER'S PLAN OF CORRECTIC (RCHC CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY) Director of Nursing, Assistan Director of Nursing, Clinical Managers, and Staff Development Coordinator. 4. Random audits of the narcot change over signature sheet ensure implementation of the narcotic count procedure wir review of the Controlled sed March 7, 2014, bydrocodone-APAP 5-325 inistered on the dates of and 14, 2014, by LPN #5. If the MAR for March mentation the medication ident #6 on March 7, If the Controlled ed March 25, 2014, APAP 5-325 was signed the date of March 31, If the MAR for March mentation the medication ident #6 on March 31, If the MAR for March mentation the medication ident #6 on March 31, If the MAR for March mentation the medication ident #6 on March 31, If the MAR for March mentation the medication ident #6 on March 31, If the MAR for March mentation the medication ident #6 on March 31, If the MAR for March mentation the medication ident #6 on March 31, If the MAR for March mentation the medication ident #6 on March 31, If the MAR for March mentation the medication ident #6 on March 31, If the MAR for March mentation the medication ident #6 on March 31, If the MAR for March mentation the medication ident #6 on March 31, If the Controlled and April 14, 2014, PAPAP 5-325 was signed If the Controlled CROSS-REFERENCED TO THE APPROP DEFICIENCY) Director of Nursing, Assistant Director of Nursing, Assistant Nurse of the Controlled Substance Record compared the Macliation Administration Record will be conducted by Director of Nursing, Assistant Director of Nursing, Assistant Director of Nursing, Assistant Record will be conducted by Director of Nursing, Assistant Record will be conducted by Director of Nursing, Assistant Record will be conducted by Director of Nursing, Assistant Record will be conducted by Director of Nursing, Assistant Record will be conducted b	

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	Medical record reviewas signed out as a by LPN #5. Medical record reviewas signed out as a by LPN #5. Medical record reviewas revealed no docume administered to residual record reviewas signed out as a by LPN #5. Medical record reviewas signed out as a by LPN #5. Medical record reviewas signed out as a by LPN #5. Medical record reviewas signed out as a by LPN #5. Medical record reviewas revealed no docume administered to residual record reviewas signed out as a by LPN #5. Medical record reviewas revealed no docume administered to residual record reviewas signed out as a by LPN #5. Medical record reviewas revealed no docume administered to residual record reviewas signed out as a signed out as a by LPN #5.	ew of the MAR for April 2014, entation the medication was ident #6 on April 15, 2014. ew of the Controlled dated April 22, 2014, of Hydrocodone-APAP 5-325 administered on April 30, 2014, entation the medication was ident #6 on April 30, 2014. ew of the Controlled dated May 20, 2014, of Hydrocodone-APAP 5-325 dministered on May 30, 2014, of Hydrocodone-APAP 5-325 dministered on May 30, 2014, entation the medication was ident #6 on May 30, 2014, entation the for May 2014, entation the for May 2014, entation the facility on July oses including Atrial Veakness, Senile Brain, Alzheimer's Disease,	F 5	documentation audition compliance of proper documentation. A real analysis will be company noncompliance in the review of audition performance improvementally Quality Performance Improvementally.	er pot cause pleted for discovered its. A vement plan presented in Assurance	

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILD		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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	2014, revealed not hydrocodone-APAF dates of January 27, 28, 2014, revealed not hydrocodone-APAF dates of January 27, 28, 2 Medical record revies a daministered of February 17, 2014, revealed not hydrocodone-APAF dates of January 27, 28, 2 Medical record revies 2014, revealed not hydrocodone-APAF dates of January 27, 28, 2 Medical record revies 2014, revealed not hydrocodone-APAF dates of January 27, 28, 2 Medical record revies 2014, revealed not hydrocodone-APAF dates dates and hydrocodone dates administered of February 17, 2014 Medical record revies 2014, revealed not hydrocodone was a hydrocodone	ew of the MAR for January documentation the the was administered on 3, 9, 10, and 13, 2014. ew of the Controlled dated January 14, 2014, as of Hydrocodone-APAP out as administered for dates of January 14, 15, 16, 23, 2014, by LPN #5. ew of the MAR for January documentation the was administered on the 1, 15, 16, 17, 20, 21, 22, and ew of the Controlled dated January 27, 2014, one-APAP 5-325 was signed to resident #91 on the dates 2014, by LPN #5. ew of the Controlled dated February 7, 2014, one-APAP 5-325 was signed to resident #91 on the dates 2014. ew of the Controlled dated February 7, 2014, one-APAP 5-325 was signed to resident #91 on the dates 4, by LPN #5.	F	514			

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	had been signed ou 8, 2014, but there we Controlled Substance Medical record revies Substances Record revealed Hydrocodo out as administered 20, 21, and 26, 2014 Medical record revies 2014, revealed no de Hydrocodone was a 21, and 26, 2014. Medical record revies Substances Record	revealed the Hydrocodone t as administered on February as no documentation on the ces Record. ew of the Controlled dated February 19, 2014, ne-APAP 5-325 was signed to resident #91 on February 4, by LPN #5. ew of the MAR for February ocumentation the dministered on February 20,	F	5514	DEFIGIENCY		
	out as administered and 3, 2014, by LPN Medical record revier revealed no docume administered on Aprimedical record revier Substances Record revealed Hydrocodor	to resident #91 on April 1, #5. w of the MAR for April 2014, ntation the Hydrocodone was I 1, and 3, 2014.					
; ;	revealed no docume: administered on April Medical record reviev Substances Record o	v of the Controlled					

AND PLAN	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MUI A. BUILE			(X3) DATE SURVEY COMPLETED			
		445141	B. WING			O.E	06/24/2014		
	PROVIDER OR SUPPLIER Y HEALTH CARE & R	EHAB	-	291	REET ADDRESS, CITY, STATE, ZIP CODE 10 PEERLESS RD EVELAND, TN 37312		#24/2014		
(X4) ID PREFIX TAG	! (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF	×	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE		
	Medical record revierable Applications of the control of the contr	to resident #91 on April 23, ew of the MAR for April 2014, entation the Hydrocodone was ril 23, 2014. admitted to the facility on July roses including Hypertension, of Brain, Chronic Kidney lar Dementia with Delusions. ew of the Controlled dated January 15, 2014, one-APAP 7.5-325 was signed to resident #100 on January 22, 2014, by LPN #5. ew of the MAR for January ocumentation the dministered on January 16, 2014. w of the Controlled dated January 27, 2014, one-APAP 7.5-325 was signed to resident #100 on January lary 3, 4, and 5, 2014, by w of the MAR for January lary 3, 4, and 5, 2014, by	F	514					
֧֧֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	revealed Hydrocodor	w of the Controlled dated March 27, 2014, ne-APAP 7.5-325 was signed							

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILE		(X3) DA	(X3) DATE SURVEY COMPLETED	
		445141	B. WING				6/24/2014
]	PROVIDER OR SUPPLIER Y HEALTH CARE & R	ЕНАВ		291	REET ADDRESS, CITY, STATE, ZIP CODE 10 PEERLESS RD EVELAND, TN 37312		0/24/2014
(X4) ID PREFIX TAG	EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
	revealed no docume administered on Api Medical record revies by LPN #5. Medical record revies revealed no docume administered on Api Medical record revies Substances Record revealed Hydrocodo out as administered and 30, 2014, by LP Medical record revies revealed no docume administered on Api Medical record revies revealed Hydrocodo out as administered and 30, 2014, by LP Medical record revies Record revealed no docume administered on Api Medical record revies Substances Record revealed Hydrocodo out as administered 2014, by LPN #5. Medical record revies revealed no docume administered on May Resident #115 was a Resid	wof the MAR for April 2014, entation the Hydrocodone was ril 1, and 3, 2014. ew of the Controlled dated April 4, 2014, revealed 7.5-325 was signed out as sident #100 on April 5, 2014, entation the Hydrocodone was ril 5, 2014. ew of the Controlled dated April 23, 2014, entation the Hydrocodone was ril 5, 2014. ew of the Controlled dated April 23, 2014, ene-APAP 7.5-325 was signed to resident #100 on April 25, N #5. ew of the MAR for April 2014, entation the Hydrocodone was ril 25, and 30, 2014. w of the Controlled dated May 14, 2014, ne-APAP 7.5-325 was signed to resident #100 on May 16, entation the Hydrocodone was role or esident #100 on May 16, entation the Hydrocodone was role, 2014.	F5	514			
	20, 2010, with diagno Senile Degeneration	oses including Cardiomegaly, of Brain, Anemia, Anxiety		İ			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		445141	B. WING	;		06/	24/2014
NAME OF PROVIDER OR SUPPLIER BRADLEY HEALTH CARE & REHAB				2	TREET ADDRESS, CITY, STATE, ZIP CODE 1910 PEERLESS RD CLEVELAND, TN 37312		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPROFILE OF CORRECTION CROSS-REFERENCED TO THE APPROPROFILE OF			(X5) COMPLETION DATE
	revealed Hydrocodo out as administered 13, 14, 15, 16, and 18, 14, revealed no de Hydrocodone was a 14, 15, 16, and 17, 20 Medication Record in Hydrocodone had be on January 24, 25, 20 documentation their on the Controlled Substances Record revealed Hydrocodo out as administered 10, 2014, by LPN #50 Medical record review 2014, revealed no de Hydrocodone was accepted 10, 2014, by LPN #50 Medical record review revealed documentation that controlled Substances Record in Medical record review 19, 19, 19, 19, 19, 19, 19, 19, 19, 19,	Thrive. Thr	F	514			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		445141	B. WING	;	·	06	5/24/2014	
	PROVIDER OR SUPPLIER EY HEALTH CARE & R	EHAB		2910	ET ADDRESS, CITY, STATE, ZIP CODE PEERLESS RD VELAND, TN 37312	1 00	12412014	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRICIENCY)	D BE	(X5) COMPLETION DATE	
	Medical record revies and April 2014, and April 2014, and April 2014 the Hydrocodone wand April 1, 2014. Medical record revies Substances Record revealed Hydrocodo out as administered and 17, 2014, by Limberton administered on April 2008, will hypertension, Esoph Disorder, and Deme Medical record revies Substances Record revealed Hydrocodo out as administered 7, 9, 10, 13, 14, and Medical record revies 2014, revealed no de Hydrocodone was as 10, 13, 14, and 15, 2 Medical record revies Substances Record revealed Hydrocodone was as 10, 13, 14, and 15, 2 Medical record revies Substances Record revealed Hydrocodonout as administered 17, 21, 22, 23, and 2 medical record revies Substances Record revealed Hydrocodonout as administered 17, 21, 22, 23, and 2	ew of the MAR for March 4, revealed no documentation as administered on March 31, ew of the Controlled dated April 14, 2014, one-APAP 5-325 was signed to resident #115 on April 14, entation the Hydrocodone was fil 14, and 17, 2014, entation the Hydrocodone was fil 14, and 17, 2014, entation the facility on th diagnoses including hageal Reflux, Depressive entia. ew of the Controlled dated January 6, 2014, ne-APAP 7.5-325 was signed to resident #121 on January 15, 2014, by LPN #5. ew of the Controlled dated January 16, 2014, ne-APAP 7.5-325 was signed to resident #121 on January coumentation the dministered on January 7, 9, 1014. ew of the Controlled dated January 16, 2014, ne-APAP 7.5-325 was signed to resident #121 on January 5, 2014, by LPN #5. ew of the MAR for January	F	514				

MAME OF PROVIDER OR SUPPLIER BRADLEY HEALTH CARE & REHAB SITERIT ADDRESS, CITY, STATE, ZIP CODE 2910 PERRIESS RD CLEVELAND, TN 37312 (CA)ID PRETIX TAG SIMMARY STATELENT OF DEPOSENCES (EACH DEFICIENCY MIST BE PRECEDED BY FILL TAG FEGULATORY OR LSC DENTIFYING INFORMATION) FRESULATORY OR LSC DENTIFYING INFORMATION) F 514 Continued From page 14 Hydrocodone was administered on January 17, 21, 22, 23 and 25, 2014, Medical record review of the Controlled Substances Record dated March 5, 2014, revealed Hydrocodone was administered on March 11, 2014, Further review of the MAR for March 2014, revealed no documentation the Hydrocodone was administered on March 8, and 9, but no documentation the inarcotic was signed out on the Controlled Substances Record Medical record review of the Controlled Substances Record. Medical record review of the Controlled Substances Record. Medical record review of the MAR for March 2014, revealed no documentation the Hydrocodone-APAP 7, 5-325 was signed out as administered to resident #121 on March 31, April 1, 3, 4, 7, 8, 9, and 10, 2014, by LPN #5. Medical record review of the Controlled Substances Record Medical record review of the MAR for March 2014, revealed no documentation the Hydrocodone-MAPA 7, 5-325 was signed out as administered to resident #121 on March 31, April 1, 3, 4, 7, 8, 9, and 10, 2014, Medical record review of the Controlled Substances Record dated April 11, 2014, revealed no documentation the Hydrocodone-Was administered on March 31, April 1, 3, 4, 7, 8, 9, and 10, 2014, Medical record review of the MAR for April 2014, revealed hydrocodone-APAP 7, 5-325 was signed out as administered to resident #121 on April 11, 2014, by LPN #5. Medical record review of the MAR for April 2014, revealed no documentation of the Hydrocodone was administered on April 11, 2014, revealed no documentation of the Hydrocodone was administered to April 11, 2014, revealed no documentation of the Hydrocodone was administered to April 11, 2014, revealed no documentation of the Hyd	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
BRADLEY HEALTH CARE & REHAB BRADLEY HEALTH CARE & REHAB 2319 PERRIESS RD CLEVELAND, TN 37312 FREGULATORY OR LSC DENTEYING INFORMATION) FREGULATORY OR LSC DENTEYING INFORMATION F 514 Continued From page 14 Hydrocodone was administered on January 17, 21, 22, 23 and 25, 2014. Medical record review of the Controlled Substances Record dated March 5, 2014, revealed Hydrocodone was administered on March 11, 2014, by LPN #5. Medical record review of the MAR for March 2014, revealed Hydrocodone-APAP 7.5-325 was signed out as administered to resident #121 on March 11, 2014, by LPN #5. Medical record review of the March 8, and 9, but no documentation the Hydrocodone-was administered to resident #121 on March 31, April 1, 3, 4, 7, 8, 9, and 10, 2014, by LPN #5. Medical record review of the March 31, 2014, revealed Hydrocodone-APAP 7.5-325 was signed out as administered to resident #121 on March 31, April 1, 3, 4, 7, 8, 9, and 10, 2014, by LPN #5. Medical record review of the Controlled Substances Record dated March 31, 2014, revealed hydrocodone-APAP 7.5-325 was signed out as administered to resident #121 on March 31, April 1, 3, 4, 7, 8, 9, and 10, 2014, by LPN #5. Medical record review of the Controlled Substances Record dated April 11, 2014, revealed hydrocodone-APAP 7.5-325 was signed out as administered to resident #121 on March 31, April 1, 3, 4, 7, 8, 9, and 10, 2014, by LPN #5. Medical record review of the Controlled Substances Record dated April 11, 2014, revealed hydrocodone-APAP 7.5-325 was signed out as administered to resident #121 on April 11, 2014, revealed no documentation the Hydrocodone-APAP 7.5-325 was signed out as administered to resident #121 on April 11, 2014, revealed no documentation the Hydrocodone-APAP 7.5-325 was signed out as administered to resident #121 on April 11, 2014, revealed no documentation the Hydrocodone-APAP 7.5-325 was signed out as administered to resident #121 on April 11, 2014, by LPN #5.			445141	B. WING			06/	124/2014
PREFIX TAG REGULATORY OR LSC DENTIFYING INFORMATION) F 514 Continued From page 14 Hydrocodone was administered on January 17, 21, 22, 23 and 25, 2014, Medical record review of the Controlled Substances Record dated March 5, 2014, revealed Hydrocodone-APAP 7.5-325 was signed out as administered on March 11, 2014, by LPN #5. Medical record review of the MAR for March 2014, Frevealed Hydrocodone-APAP 7.5-325 was signed out as administered by LPN #5 on March 8, and 9, but no documentation the Hydrocodone was administered was signed out on the Controlled Substances Record. Medical record review of the Controlled Substances Record dated March 31, 2014, revealed Hydrocodone-APAP 7.5-325 was signed out as administered to resident #121 on March 31, April 1, 3, 4, 7, 8, 9, and 10, 2014, by LPN #5. Medical record review of the Controlled Substances Record dated March 31, April 1, 3, 4, 7, 8, 9, and 10, 2014, by LPN #5. Medical record review of the Controlled Substances Record dated April 11, 2014, revealed no documentation the Hydrocodone was administered to resident #121 on March 31, April 1, 3, 4, 7, 8, 9, and 10, 2014, by LPN #5. Medical record review of the Controlled Substances Record dated April 11, 2014, revealed Hydrocodone-APAP 7.5-325 was signed out as administered to resident #121 on April 11, 2014, by LPN #5. Medical record review of the Controlled Substances Record dated April 11, 2014, revealed Hydrocodone-APAP 7.5-325 was signed out as administered to resident #121 on April 11, 2014, by LPN #5. Medical record review of the MAR for April 2014, revealed Hydrocodone-APAP 7.5-325 was signed out as administered to resident #121 on April 11, 2014, by LPN #5.					29	10 PEERLESS RD	1 00,	202014
Hydrocodone was administered on January 17, 21, 22, 23 and 25, 2014. Medical record review of the Controlled Substances Record dated March 5, 2014, revealed Hydrocodone-APAP 7.5-325 was signed out as administered to resident #121 on March 11, 2014, by LPN #5. Medical record review of the MAR for March 2014, revealed no documentation the Hydrocodone was administered on March 11, 2014, Further review of the Medication Record revealed documentation the Hydrocodone was administered by LPN #5 on March 8, and 9, but no documentation the narcotic was signed out on the Controlled Substances Record. Medical record review of the Controlled Substances Record dated March 31, 2014, revealed Hydrocodone-APA 7.5-325 was signed out as administered to resident #121 on March 31, April 1, 3, 4, 7, 8, 9, and 10, 2014, by LPN #5. Medical record review of the MAR for March 2014, revealed no documentation the Hydrocodone-APAP 7.5-325 was signed out as administered on March 31, April 1, 3, 4, 7, 8, 9, and 10, 2014. Medical record review of the Controlled Substances Record dated April 11, 2014, revealed Hydrocodone-APAP 7.5-325 was signed out as administered to resident #121 on April 11, 2014, revealed Hydrocodone-APAP 7.5-325 was signed out as administered to resident #121 on April 11, 2014, revealed Hydrocodone-APAP 7.5-325 was signed out as administered to resident #121 on April 11, 2014, revealed Hydrocodone-APAP 7.5-325 was signed out as administered to resident #121 on April 11, 2014, revealed Hydrocodone-APAP 7.5-325 was signed out as administered to resident #121 on April 11, 2014, revealed Hydrocodone-APAP 7.5-325 was signed out as administered to resident #121 on April 11, 2014, revealed Hydrocodone-APAP 7.5-325 was signed out as administered to resident #121 on April 11, 2014, revealed Hydrocodone-APAP 7.5-325 was signed out as administered to resident #121 on April 11, 2014, revealed hydrocodone-APAP 7.5-325 was signed out as administered and administered and administered to resident #121 on April 2014, revealed hydroc	PRÉFIX	(EACH DEFICIENCY MUST BE PRECEDED BY Full			PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE			
r was auninistered on April 17, 2014.		Hydrocodone was a 21, 22, 23 and 25, 22 Medical record revies Substances Record revealed Hydrocodo out as administered 11, 2014, by LPN #5 Medical record revies 2014, revealed no de Hydrocodone was a 2014. Further review revealed documentation that Controlled Substances Record revealed Hydrocodo out as administered 31, April 1, 3, 4, 7, 8 Medical record revies 2014, revealed no de Hydrocodone was active and 11, 3, 4, 7, 8, 9, 3 Medical record revies 2014, revealed no de Hydrocodone was active and 11, 3, 4, 7, 8, 9, 3 Medical record revies Substances Record revealed Hydrocodon out as administered 2014, by LPN #5. Medical record revies 2014, by LPN #5. Medical record revies revealed no document	administered on January 17, 2014. Ew of the Controlled dated March 5, 2014, one-APAP 7.5-325 was signed to resident #121 on March 5. Ew of the MAR for March occumentation the dministered on March 11, of the Medication Record ation the Hydrocodone was N #5 on March 8, and 9, but he narcotic was signed out on tances Record. Ew of the Controlled dated March 31, 2014, ne-APAP 7.5-325 was signed to resident #121 on March 9, and 10, 2014, by LPN #5. Ew of the MAR for March occumentation the dministered on March 31, and 10, 2014. Ew of the Controlled dated April 11, 2014, ne-APAP 7.5-325 was signed to resident #121 on April 11, who of the MAR for April 2014, ne-APAP 7.5-325 was signed to resident #121 on April 11, and 10 of the MAR for April 2014, netation of the Hydrocodone	F	514			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILE		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		445141	B. WING			06	/24/2014	
NAME OF PROVIDER OR SUPPLIER BRADLEY HEALTH CARE & REHAB				29	TREET ADDRESS, CITY, STATE, ZIP CODE 910 PEERLESS RD CLEVELAND, TN 37312	1 00	24/2014	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAGE CROSS-REFERENCED TO THE APPROPROFILE OF THE APPROP			BE COMPLETION	
Me Sul revout and Me Sul revolut on and Me S	ibstances Recordivealed Hydrocodor as administered on Apedical record reviewealed Hydrocodor as administered an administere	iew of the Controlled dated April 19, 2014, one-APAP 7.5-325 was signed if to resident #121 on April 25, ew of the MAR for April 2014, entation the Hydrocodone was ril 25, 2014. ew of the Controlled dated May 14, 2014, one-APAP 7.5-325 was signed it to resident #121 on May 19, ew of the Medication Record aled no documentation the administered on the April 19, exaministered on the April 19, admitted to the facility on May noses including Muscle, Vascular Dementia with ementia, and Cardiomegaly. ew of the Controlled dated March 31, 2014, one-APAP 5-325 was signed to resident #186 on April 4, 7, in the Mark for April 2014, entation the Hydrocodone was	F	514				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD	TIPLE CONSTRUCTION DING	CONSTRUCTION (
		445141	B. W!NG			06/	/24/2014	
NAME OF PROVIDER OR SUPPLIER BRADLEY HEALTH CARE & REHAB				STREET ADDRESS, CITY 2910 PEERLESS RD CLEVELAND, TN 33		,		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOU TAG CROSS-REFERENCED TO THE APPRO DEFICIENCY)			BE COMPLETION	
	by LPN #5. Medical record revirevealed no docum administered on Ap Medical record revisus substances Record revealed Hydrocodo out as administered 2014, by LPN #5. Medical record revisus revealed no docum administered on Ap Medical record revisus substances Record Hydrocodone-APAF administered to resist LPN #5. Medical record revisus revealed no docume administered on Ma Medical record revisus revealed no docume administered on Ma Medical record revisus substances Record revealed Hydrocodo out as administered 30, 2014, by LPN #5. Medical record revisus substances Record revealed Hydrocodo out as administered 30, 2014, by LPN #5.	ew of the MAR for April 2014, entation the Hydrocodone was ril 14, 2014. ew of the Controlled dated April 14, 2014, one-APAP 5-325 was signed at the resident #186 on April 18, entation the Hydrocodone was ril 18, 2014. ew of the Controlled dated May 2, 2014, revealed dated May 2, 2014, revealed dated May 2, 2014, revealed dated May 2, 2014, by ew of the MAR for May 2014, entation the Hydrocodone was ril 186 on May 9, 2014, by ew of the Controlled dated May 26, 2014, entation the Hydrocodone was y 9, 2014. ew of the Controlled dated May 26, 2014, one-APAP 5-325 was signed to resident #186 on of May 55. ew of the MAR for May 2014, entation the Hydrocodone was y 30, 2014.	F	514				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DAT	(X3) DATE SURVEY COMPLETED	
		445141	B. WING	;	06	06/24/2014		
NAME OF PROVIDER OR SUPPLIER BRADLEY HEALTH CARE & REHAB				29	REET ADDRESS, CITY, STATE, ZIP CODE 10 PEERLESS RD EVELAND, TN 37312	1 00.	12412014	
(X4) ID PREFIX TAG	; (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETION DATE	
F 51 4	out as administered 2014, by LPN #5. Medical record reviewealed no docum having been administerview with the Dune 24, 2014, at 100 confirmed the facility documentation errord documentation errord LPN #5 had been guerrors in documentation confirmed LPN #5 is	one-APAP 5-325 was signed of to resident #186 on June 6, ew of the MAR for June 2014, entation the Hydrocodone istered on June 6, 2014. Director of Nursing (DON) on 1:00 a.m., in the DON office	F	514				